



## School-Based Child and Family Support Team Services Form

**Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

*Instructions:* This form is used to monitor the services a youth was recommended to receive, track whether the youth actually received those services and identify reasons/barriers for why the youth did not receive appropriate services. See examples below.

What services were recommended during the CFST meeting? (see below)	CFST meeting date	Did the student receive those services?	If so, date of services	If not, why didn't the youth receive services? (see below)?	Comments

<u>Services (examples):</u> Counseling Tutoring Support for Parent Behavioral Contract Medical Referral Physician Private mental health provider Church Local recreation program Tutoring program Mentoring program Other community agency Other	<u>Potential Barriers (examples):</u> Services unavailable in community Scheduling problems Transportation problems Student refused services Parent cooperation Cost Provider doesn't accept insurance Other
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Use additional pages if necessary.



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Services Form**